UTAH DEPARTMENT OF TRANSPORTATION Application for a Permit to Film on State Roads (Please type or print all information) (CREWS CANNOT OCCUPY THE RIGHT-OF-WAY UNTIL A PERMIT IS APPROVED)

	Ε	Date of application:/			
Application is hereby made by:					
Address:					
Contact person:					
DATE(S): Beginning/	/ TIN	ME: Beginning:	AM	PM	
Ending/	/	Ending:	AM	PM	
Note: If time will vary on subseque	nt days, attach explana	tion.			
Location:					
Proposed Route(s):	, Milepost ,C	City:	,County:		
If traffic control is required attach a Patrol, Sheriff, City Police and/or Uclosures.	DOT IMT to move tra	affic, slow traffic or in	itiate intermittent	t road	
Contact: If this permit is granted, we agree to					
UDOT's MANUAL FOR THE ACC PROTECTION OF STATE HIGHV Region Director/District Engineer of	COMMODATION OF VAY RIGHTS OF Wa	UTILITIES AND TH y, and "Special Limita	IE CONTROL A	ND	
This Permit is approval for use of S (other agencies) they are within. This application constitutes a reques	•		, ,	diction	
Organization		Signature		Date	
Region/District Traffic Engine	eer		Region Permits Officer		